



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

## Amendment of Current IEP

Students Name	Initials	Birthdate	Today's Date
Parent(s) Name	IEP Manager and Phone Number		District/School

The following area(s) of the student's IEP dated \_\_\_\_\_ have been amended:  
Attach a copy of the IEP page(s) or document to show the amendment(s).

- ☐ Consideration of Special Factors
- ☐ Orientation and Mobility/Braille Instruction
- ☐ Adding Special Education Service or Related Service
- ☐ Removing Special Education Service or Related Service
- ☐ Measurable Annual Goals and/or Short-term Objectives/Benchmarks
- ☐ Hours Per Week in Special Education or General Education Setting
- ☐ Participation in State/Districtwide Assessments
- ☐ General Education Accommodations/Modifications
- ☐ Extended School Year
- ☐ Transition Services
- ☐ Behavior Plan
- ☐ Other: \_\_\_\_\_

Reason for amendment(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date on which the amended changes are to begin: \_\_\_\_\_

The following persons, as indicated by their signatures, have approved the amendment(s) to the IEP:

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Special Education Teacher Date

\_\_\_\_\_  
Administrator or Designee Date

\_\_\_\_\_  
Speech/Language Pathologist Date

\_\_\_\_\_  
General Education Teacher Date

\_\_\_\_\_  
School Psychologist Date

\_\_\_\_\_  
Signature/Position Date

\_\_\_\_\_  
Signature/Position Date